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## \*BIBDATASHEET\*

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/908,509 07/17/2001 PAT 6,611,705

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/28/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____	FL	DRAWING 13	CLAIMS 104	CLAIMS 14

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## TITLE

WIRELESS ECG SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT
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- All Fees
- 1.16 Fees ( Filing )
- 1.17 Fees ( Processing Ext. of time )